


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>F96000003997 (1)</b>			
1. Corporation Name <b>SCT MANUFACTURING &amp; DISTRIBUTION SYSTEMS, INC.</b>			
Principal Place of Business <b>4 COUNTRY VIEW RD MALVERN PA 19355</b>		Mailing Address <b>4 COUNTRY VIEW RD MALVERN PA 19355-1408</b>	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
25. Country		30. Country	
3. Date Incorporated or Qualified <b>08/02/1996</b>		3a. Date of Last Report	
4. FEI Number <b>23-2815965</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City		FL 85. Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ DATE _____ (NOTE: Registered Agent signature required when relating)			
12. OFFICERS AND DIRECTORS			
TITLE	DC	<input type="checkbox"/> DELETE	
NAME	EMMI, MICHAEL J		
STREET ADDRESS	4 COUNTRY VIEW RD		
CITY-ST-ZIP	MALVERN PA 19355		
TITLE	DC	<input type="checkbox"/> DELETE	
NAME	CHAMBERLAIN, MICHAEL D		
STREET ADDRESS	4 COUNTRY VIEW RD		
CITY-ST-ZIP	MALVERN PA 19355		
TITLE	P	<input type="checkbox"/> DELETE	
NAME	O'CONNELL, GERALD F		
STREET ADDRESS	4 COUNTRY VIEW RD		
CITY-ST-ZIP	MALVERN PA 19355		
TITLE	VS	<input type="checkbox"/> DELETE	
NAME	BLUMENTHAL, RICHARD A		
STREET ADDRESS	4 COUNTRY VIEW RD		
CITY-ST-ZIP	MALVERN PA 19355		
TITLE	VT	<input type="checkbox"/> DELETE	
NAME	HASKELL, ERIC		
STREET ADDRESS	4 COUNTRY VIEW RD		
CITY-ST-ZIP	MALVERN PA 19355		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	PHELAN, DAVID F		
STREET ADDRESS	4 COUNTRY VIEW RD		
CITY-ST-ZIP	MALVERN PA 19355		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: X <i>Beth A. Jergey</i> <b>RECEIVED BETH A JERGEY</b> 4/8/97 (610)647-5930			
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)